

1 critical health needs, goods, services, and resources as identified pursuant to
2 section 9405 of this title;

3 * * *

4 Sec. 3. 18 V.S.A. § 9402 is amended to read:

5 § 9402. DEFINITIONS

6 As used in this chapter, unless otherwise indicated:

7 * * *

8 (10) **“Health Resource Allocation Plan” means the plan adopted**
9 **published by the Green Mountain Care Board under section in**
10 **accordance with subsection 9405(b) of this title. ~~Repealed.~~**

11 * * *

12 (16) “State Health Improvement Plan” means the plan developed under
13 section 9405 of this title.

14 * * *

15 Sec. 4. 18 V.S.A. § 9405 is amended to read:

16 § 9405. STATE HEALTH IMPROVEMENT PLAN; **HEALTH**
17 **RESOURCE ALLOCATION PLAN** **CRITICAL HEALTH**
18 **NEEDS AND RESOURCES**

19 (a) ~~No later than January 1, 2005, the~~ The Secretary of Human Services or
20 designee, in consultation with the Chair of the Green Mountain Care Board and
21 health care professionals and after receipt of public comment, shall adopt a
22 State Health Improvement Plan that sets forth the health goals and values for
23 the State. The Secretary may amend the Plan as the Secretary deems necessary

1 and appropriate. The Plan shall include health promotion, health protection,
2 nutrition, and disease prevention priorities for the State; identify available
3 human resources as well as human resources needed for achieving the State's
4 health goals and the planning required to meet those needs; and identify
5 geographic parts of the State needing investments of additional resources in
6 order to improve the health of the population. ~~The Plan shall contain sufficient
7 detail to guide development of the State Health Resource Allocation Plan.~~
8 Copies of the Plan shall be submitted to members of the Senate ~~and House
9 Committees~~ Committee on Health and Welfare ~~no later than January 15, 2005~~
10 and the House Committee on Health Care.

11 (b) ~~On or before July 1, 2005, the~~ The Green Mountain Care Board, in
12 consultation with the Secretary of Human Services or designee, shall ~~submit to~~
13 ~~the Governor a four year Health Resource Allocation Plan~~ publish on its
14 website **a report containing information regarding the Health Resource**
15 **Allocation Plan identifying** Vermont's critical health needs, goods, services,
16 and resources, which **may shall** be used to inform the Board's regulatory
17 processes, cost containment and statewide quality of care efforts, health care
18 payment and delivery system reform initiatives, and any allocation of health
19 resources within the State. The **Plan report** shall identify Vermont residents'
20 needs ~~in~~ for health care services, programs, and facilities; the resources
21 available and the additional resources that would be required to **realistically**
22 meet those needs **fully and to make access to those services, programs, and**
23 **facilities affordable for consumers**; and the priorities for addressing those

1 needs on a statewide basis. The Board may expand the **report Plan** to include
2 resources, needs, and priorities related to the social determinants of health.

3 The **report Plan** shall be revised periodically, but not less frequently than once
4 every four years.

5 (1) ~~The Plan shall include~~ In developing the **report Plan**, the Board
6 shall:

7 (A) ~~A statement of principles reflecting the policies~~ consider the
8 principles in section 9371 of this title, as well as the purposes enumerated in
9 sections 9401 and 9431 of this chapter to be used in allocating resources and in
10 establishing priorities for health services. title;

11 ~~(B) Identification of the current supply and distribution of hospital,~~
12 ~~nursing home, and other inpatient services; home health and mental health~~
13 ~~services; treatment and prevention services for alcohol and other drug abuse;~~
14 ~~emergency care; ambulatory care services, including primary care resources,~~
15 ~~federally qualified health centers, and free clinics; major medical equipment;~~
16 ~~and health screening and early intervention services.~~

17 ~~(C) Consistent with the principles set forth in subdivision (A) of this~~
18 ~~subdivision (1), recommendations for the appropriate supply and distribution~~
19 ~~of resources, programs, and services identified in this subsection~~ subdivision
20 ~~(B) of this subdivision (1), options for implementing such recommendations~~
21 ~~and mechanisms which will encourage the appropriate integration of these~~
22 ~~services on a local or regional basis. To arrive at such recommendations, the~~
23 ~~Green Mountain Care Board shall consider at least the following factors:~~

- 1 ~~(i) the values and goals reflected in the State Health Plan;~~
2 ~~(ii) the needs of the population on a statewide basis;~~
3 ~~(iii) the needs of particular geographic areas of the State, as~~
4 ~~identified in the State Health Plan;~~
5 ~~(iv) the needs of uninsured and underinsured populations;~~
6 ~~(v) the use of Vermont facilities by out of state residents;~~
7 ~~(vi) the use of out of state facilities by Vermont residents;~~
8 ~~(vii) the needs of populations with special health care needs;~~
9 ~~(viii) the desirability of providing high quality services in an~~

10 ~~economical and efficient manner, including the appropriate use of midlevel~~
11 ~~practitioners;~~

12 ~~(ix)~~ **(B) consider the cost impact of these resource requirements**
13 **on health care expenditures;**

14 ~~(x) the overall quality and use of health care services as reported~~
15 ~~by the Vermont Program for Quality in Health Care and the Vermont Ethics~~
16 ~~Network;~~

17 ~~(xi) the overall quality and cost of services as reported in the~~
18 ~~annual hospital community reports;~~

19 ~~(xii) individual hospital four year capital budget projections; and~~

20 ~~(xiii) the four year projection of health care expenditures prepared~~
21 ~~by the Board~~

22 (C) identify priorities using information from:

23 (i) the State Health Improvement Plan;

- 1 (ii) the community health needs assessments required by section
2 9405a of this title;
- 3 (iii) available health care workforce information;
- 4 (iv) materials provided to the Board through its other regulatory
5 processes, including hospital budget review, oversight of accountable care
6 organizations, issuance and denial of certificates of need, and health insurance
7 rate review; and
- 8 (v) the public input process set forth in this section; and
- 9 **(D)** use existing data sources to identify and analyze the gaps
10 between the supply of health resources and the health needs of Vermont
11 residents and to identify utilization trends to determine areas of
12 underutilization and overutilization.

13 (2) ~~In the preparation of the Plan, the~~ The Green Mountain Care Board
14 shall convene the Green Mountain Care Board General Advisory Committee
15 established pursuant to subdivision 9374(e)(1) of this title. ~~The Green~~
16 ~~Mountain Care Board General Advisory Committee shall review drafts and to~~
17 provide recommendations to the Board during the Board's development of the
18 **Plan report.**

19 (3) ~~The Board, with the Green Mountain Care Board General Advisory~~
20 ~~Committee, shall conduct at least five public hearings, in different regions of~~
21 ~~the State, on the Plan as proposed shall~~ **conduct a receive and consider** public
22 **input process consisting of on the Plan** at **least a minimum of** one Board
23 meeting and one meeting of the Advisory Committee and shall give interested

1 persons an opportunity to submit their views orally and in writing. ~~To the~~
2 ~~extent possible, the Board shall arrange for hearings to be broadcast on~~
3 ~~interactive television. Not less than 30 days prior to any such hearing, the~~
4 ~~Board shall publish in the manner prescribed in 1 V.S.A. § 174 the time and~~
5 ~~place of the hearing and the place and period during which to direct written~~
6 ~~comments to the Board. In addition, the Board may create and maintain a~~
7 ~~website to allow members of the public to submit comments electronically and~~
8 ~~review comments submitted by others.~~

9 (4) ~~The Board shall develop a mechanism for receiving ongoing public~~
10 ~~comment regarding the Plan and for revising it every four years or as needed~~

11 For purposes of this section:

12 (A) “Health resources” shall include means investments into the
13 State’s health care system, including investments in personnel, equipment,
14 and infrastructure necessary to deliver all of the following:

15 (i) personnel, equipment, and infrastructure necessary to
16 deliver hospital, nursing home, and other inpatient services;

17 (ii) ambulatory care, including primary care services, mental
18 health services, health screening and early intervention services, and
19 services for the prevention and treatment of substance use disorders;

20 (iii) home health and mental health services; and

21 (iii) treatment and prevention services for the abuse of alcohol
22 and other drugs;

23 (iv) emergency care;

1 ~~(v) ambulatory care services, including primary care services;~~

2 ~~and~~

3 ~~(vi) health screening and early intervention services.~~

4 (B) “Health resources” may also include **investments in** personnel,
5 equipment, and infrastructure necessary to address the social determinants of
6 health.

7 ~~(5) The Board in consultation with appropriate health care organizations~~
8 ~~and State entities shall inventory and assess existing State health care data and~~
9 ~~expertise, and shall seek grants to assist with the preparation of any revisions~~
10 ~~to the Health Resource Allocation Plan.~~

11 ~~(6) The Plan or any revised plan proposed by the Board shall be the~~
12 ~~Health Resource Allocation Plan for the State after it is approved by the~~
13 ~~Governor or upon passage of three months from the date the Governor receives~~
14 ~~the proposed Plan, whichever occurs first, unless the Governor disapproves the~~
15 ~~proposed Plan, in whole or in part. If the Governor disapproves, he or she~~
16 ~~shall specify the sections of the proposed Plan which are objectionable and the~~
17 ~~changes necessary to meet the objections. The sections of the proposed Plan~~
18 ~~not disapproved shall become part of the Health Resource Allocation Plan.~~

19 Sec. 5. 18 V.S.A. § 9456 is amended to read:

20 § 9456. BUDGET REVIEW

21 * * *

22 (b) In conjunction with budget reviews, the Board shall:

23 (1) review utilization information;

1 State require that all new health care projects be offered or developed in a
2 manner that avoids unnecessary duplication and contains or reduces increases
3 in the cost of delivering services, while at the same time maintaining and
4 improving the quality of and access to health care services, and promoting
5 rational allocation of health care resources in the State; and that the need, cost,
6 type, level, quality, and feasibility of providing any new health care project be
7 subject to review and assessment prior to any offering or development.

8 (b) ~~In order to carry out the policy goals of this subchapter, the board shall~~
9 ~~adopt by rule by January 1, 2013, certificate of need procedural guidelines to~~
10 ~~assist in its decision making. The guidelines shall be consistent with the state~~
11 ~~health plan and the health resource allocation plan. [Repealed.]~~

12 * * *

13 § 9433. ADMINISTRATION

14 (a) The Green Mountain Care Board shall exercise such duties and powers
15 as ~~shall be~~ necessary for the implementation of the certificate of need program
16 as provided by and consistent with this subchapter. The Board shall issue or
17 deny certificates of need and administer the program.

18 (b) The Board ~~may~~ shall adopt rules governing the review of certificate of
19 need applications consistent with and necessary to the proper administration of
20 this subchapter. All rules shall be adopted pursuant to 3 V.S.A. chapter 25.

21 (c) The Board shall consult with hospitals, ~~nursing homes,~~ and other health
22 care facilities, professional associations and societies, the Secretary of Human

1 Services, the Office of the Health Care Advocate, and other interested parties
2 in matters of policy affecting the administration of this subchapter.

3 (d) ~~The board shall administer the certificate of need program.~~ [Repealed.]

4 § 9434. CERTIFICATE OF NEED; GENERAL RULES

5 * * *

6 (b) A hospital shall not develop or have developed on its behalf a new
7 health care project without issuance of a certificate of need by the Board. For
8 purposes of this subsection, a “new health care project” includes the following:

9 (1) The construction, development, purchase, renovation, or other
10 establishment of a health care facility, or any capital expenditure by or on
11 behalf of a hospital, for which the capital cost exceeds \$3,000,000.00.

12 (2) The purchase, lease, or other comparable arrangement of a single
13 piece of diagnostic and therapeutic equipment for which the cost, or in the case
14 of a donation the value, is in excess of ~~\$1,000,000.00~~ \$1,500,000.00. For
15 purposes of this subdivision, the purchase or lease of one or more articles of
16 diagnostic or therapeutic equipment that are necessarily interdependent in the
17 performance of their ordinary functions or that would constitute any health
18 care facility included under subdivision 9432(8)(B) of this title, as determined
19 by the Board, shall be considered together in calculating the amount of an
20 expenditure. The Board’s determination of functional interdependence of
21 items of equipment under this subdivision shall have the effect of a final
22 decision and is subject to appeal under section 9381 of this title.

1 (1) ~~the application is consistent with the Health Resource Allocation~~
2 ~~Plan~~ The proposed project aligns with statewide health care reform goals and
3 principles because the project:

4 (A) takes into consideration health care payment and delivery system
5 reform initiatives;

6 (B) addresses current and future community needs **in a manner that**
7 **balances statewide needs, if applicable;** and

8 (C) is consistent with appropriate allocation of health care resources,
9 including appropriate utilization of services.

10 (2) ~~the~~ The cost of the project is reasonable, because each of the
11 following conditions is met:

12 (A) ~~the~~ The applicant's financial condition will sustain any financial
13 burden likely to result from completion of the project;

14 (B) ~~the~~ The project will not result in an undue increase in the costs of
15 medical care **or unduly impact its affordability.** In making a finding under
16 this subdivision, the Board shall consider and weigh relevant factors,
17 including:

18 (i) the financial implications of the project on hospitals and other
19 clinical settings, including the impact on their services, expenditures, and
20 charges; and

21 (ii) whether the impact on services, expenditures, and charges is
22 outweighed by the benefit of the project to the public; and.

1 under subdivision 9440(c)(8) as to the original application, whichever is
2 shorter.

3 * * *

4 ~~(d) The Board may, by rule, establish regular review cycles for the addition~~
5 ~~of beds for skilled nursing or intermediate care. [Repealed.]~~

6 ~~(e) In the case of proposals for the addition of beds for skilled nursing or~~
7 ~~intermediate care, the Board shall identify in advance of the review the number~~
8 ~~of additional beds to be considered in that cycle or the maximum additional~~
9 ~~financial obligation to be incurred by the agencies of the State responsible for~~
10 ~~financing long term care. The number of beds shall be consistent with the~~
11 ~~number of beds determined to be necessary by the Health Resource~~
12 ~~Management Plan or State Health Plan, whichever applies, and shall take into~~
13 ~~account the number of beds needed to develop a new, efficient facility.~~
14 ~~[Repealed.]~~

15 (f) Unless an application meets the requirements of subsection 9440(e) of
16 this title, the Board shall consider disapproving a certificate of need application
17 for a hospital if a project was not identified prospectively as needed at least
18 two years prior to the time of filing in the hospital's four-year capital plan
19 required under subdivision 9454(a)(6) of this title. The Board shall review all
20 hospital four-year capital plans as part of the review under subdivision
21 9437(2)(B) of this title.

22 § 9440. PROCEDURES

23 * * *

1 (c) The application process shall be as follows:

2 (1) ~~Applications shall be accepted only at such times as the Board shall~~
3 ~~establish by rule. [Repealed.]~~

4 (2)(A) Prior to filing an application for a certificate of need, an applicant
5 shall file an adequate letter of intent with the Board no less than 30 days ~~or, in~~
6 ~~the case of review cycle applications under section 9439 of this title, no less~~
7 ~~than 45 days~~ prior to the date on which the application is to be filed. The letter
8 of intent shall form the basis for determining the applicability of this
9 subchapter to the proposed expenditure or action. A letter of intent shall
10 become invalid if an application is not filed within six months ~~of~~ after the date
11 that the letter of intent is received ~~or, in the case of review cycle applications~~
12 ~~under section 9439 of this title, within such time limits as the Board shall~~
13 ~~establish by rule.~~ The Board shall post public notice of such letters of intent on
14 its website electronically within five business days of receipt. The public
15 notice shall identify the applicant, the proposed new health care project, and
16 the date by which a competing application or petition to intervene must be
17 filed.

18 * * *

19 (5)(A) An applicant seeking expedited review of a certificate of need
20 application may simultaneously file with the Board a request for expedited
21 review and an application. After receiving the request and an application, the
22 Board shall issue public notice of the request and application in the manner set
23 forth in subdivision (2) of this subsection.

1 (B) At least 20 days after the public notice was issued, if no
2 competing application has been filed and no party has sought and been granted,
3 nor is likely to be granted, interested party status, the Board, ~~upon making a~~
4 ~~determination that~~ may issue a certificate of need without further process, or
5 with such abbreviated process as the Board deems appropriate, if the Board
6 determines that:

7 (i) the proposed project ~~may~~ appears likely to be uncontested and
8 does not substantially alter services, ~~as defined by rule, or upon making a~~
9 ~~determination that; or~~

10 (ii) the application relates to a health care facility affected by
11 bankruptcy proceedings, ~~may formally declare the application uncontested and~~
12 ~~may issue a certificate of need without further process, or with such~~
13 ~~abbreviated process as the Board deems appropriate.~~

14 (C) If a competing application is filed or a person opposing the
15 application is granted interested party status, the applicant shall follow the
16 certificate of need standards and procedures in this section, except that:

17 (i) a competing applicant or interested party may waive, in
18 writing, the requirement for a public hearing; and

19 (ii) in the case of a health care facility affected by bankruptcy
20 proceedings, the Board may, after notice and an opportunity to be heard ~~may~~,
21 issue a certificate of need with such abbreviated process as the Board deems
22 appropriate, notwithstanding the contested nature of the application.

1 (D) The Board shall review applications for the following projects on
2 an expedited basis, unless a request for intervention as a competing applicant
3 or interested party is granted:

4 (i) the repair, renovation, or replacement of facility infrastructure,
5 or a combination thereof; and

6 (ii) the routine replacement of medical equipment if the
7 technology and capability of the new equipment is comparable to that of the
8 replaced equipment.

9 (6) If an applicant fails to respond to an information request under
10 subdivision (4) of this subsection within ~~six months or, in the case of review~~
11 ~~cycle applications under section 9439 of this title, within such time limits as~~
12 ~~the Board shall establish by rule~~ 90 days, the application ~~will~~ shall be deemed
13 inactive unless the applicant, within six months from the expiration of
14 the 90-day period, requests in writing and shows good cause that the
15 application should be reactivated, and the Board grants the request. If an
16 applicant fails to respond to an information request within ~~12 months or, in the~~
17 ~~case of review cycle applications under section 9439 of this title, within such~~
18 ~~time limits as the Board shall establish by rule~~ six months, the application ~~will~~
19 shall become invalid unless the applicant requests, and the Board grants, an
20 extension.

21 (7) For purposes of this section, “interested party” status shall be
22 granted to persons or organizations representing the interests of persons who
23 demonstrate that they will be substantially and directly affected by the new

1 health care project under review. Persons able to render material assistance to
2 the Board by providing nonduplicative evidence relevant to the determination
3 may be admitted in an amicus curiae capacity but shall not be considered
4 parties. A petition seeking party or amicus curiae status ~~must~~ shall be filed
5 within 20 days following public notice of the letter of intent; or, if no letter of
6 intent is required pursuant to subdivision (c)(5)(B) of this section, within 20
7 days following public notice that the ~~petition is complete~~ application has been
8 filed with the Board. The Board shall grant or deny a petition to intervene
9 under this subdivision within 15 days after the petition is filed. The Board
10 shall grant or deny the petition within an additional 30 days upon finding that
11 good cause exists for the extension. Once interested party status is granted, the
12 Board shall provide the information necessary to enable the party to participate
13 in the review process, including information about procedures, copies of all
14 written correspondence, and copies of all entries in the application record.

15 (8) Once an application has been deemed to be complete, public notice
16 of the application shall be provided ~~in newspapers having general circulation in~~
17 ~~the region of the State affected by the application~~ electronically on the Board's
18 website. The notice shall identify the applicant, the proposed new health care
19 project, and the date ~~by which a competing application under section 9439 of~~
20 ~~this title or a petition to intervene must be filed,~~ time, and location of any
21 public hearing.

22 (9) The Office of the Health Care Advocate established under chapter
23 229 of this title or, in the case of nursing homes, the Long-Term Care

1 Ombudsman’s Office established under 33 V.S.A. § 7502, is authorized but
2 not required to participate in any administrative or judicial review of an
3 application under this subchapter and shall be considered an interested party in
4 such proceedings upon filing a notice of intervention with the Board.

5 (d) The review process shall be as follows:

6 (1) The Board shall review:

7 (A) the application materials provided by the applicant; and

8 (B) any information, evidence, or arguments raised by interested
9 parties or amicus curiae, and any other public input.

10 (2) Except as otherwise provided in subdivision (c)(5) and subsection
11 (e) of this section, the Board shall hold a public hearing during the course of a
12 review.

13 (3) The Board shall make a final decision within 120 days after the date
14 of notification under subdivision (c)(4) of this section. Whenever it is not
15 practicable to complete a review within 120 days, the Board may extend the
16 review period up to an additional 30 days. ~~Any review period may be
17 extended with the written consent of the applicant and all other applicants in
18 the case of a review cycle process.~~

19 * * *

20 (h) As used in this section, an application or proposed project is a
21 “contested application” if one or more interested parties have intervened in the
22 proceeding. If an interested party withdraws from the application or signifies
23 its support of the application in writing before the Board renders a final

1 decision, the application shall not be considered contested and the Board shall
2 not be required to hold a public hearing on the application pursuant to
3 subdivision (d)(2) of this section or issue a proposed decision pursuant to
4 subdivision (d)(5) of this section.

5 * * *

6 § 9440b. INFORMATION TECHNOLOGY; REVIEW PROCEDURES

7 Notwithstanding the procedures in section 9440 of this title, ~~upon approval~~
8 ~~by the General Assembly of the Health Information Technology Plan~~
9 ~~developed under section 9351 of this title~~, the Board shall establish by rule
10 standards and expedited procedures for reviewing applications for the purchase
11 or lease of health care information technology that otherwise would be subject
12 to review under this subchapter. Such applications ~~may~~ shall not be granted or
13 approved unless they are consistent with the Health Information Technology
14 Plan ~~and the Health Resource Allocation Plan~~ developed under section 9351 of
15 this title. ~~The Board's rules may include a provision requiring that applications~~
16 ~~be reviewed by the health information advisory group authorized under section~~
17 ~~9352 of this title. The advisory group shall make written findings and a~~
18 ~~recommendation to the board in favor of or against each application.~~

19 § 9441. FEES

20 * * *

21 (d) All fees collected pursuant to this section shall be deposited into the
22 Green Mountain Care Board Regulatory and Administrative Fund established

1 by subsection 9404(d) of this title and may be used by the Board to administer
2 its obligations, responsibilities, and duties as required by law.

3 * * *

4 § 9445. ENFORCEMENT

5 (a) Any person who offers or develops any new health care project within
6 the meaning of this subchapter without first obtaining a certificate of need as
7 required ~~herein~~ by this subchapter, or who otherwise violates any of the
8 provisions of this subchapter or any rule adopted or order issued pursuant to
9 this subchapter, may be subject to one or both of the following administrative
10 sanctions by the Board, after notice and an opportunity to be heard:

11 * * *

12 (b) In addition to all other sanctions, if any person offers or develops any
13 new health care project without first having been issued a certificate of need or
14 certificate of exemption for the project, or violates any other provision of this
15 subchapter or any ~~lawful~~ rule adopted or order issued pursuant to this
16 subchapter, the Board, the Office of the Health Care Advocate, the State Long-
17 Term Care Ombudsman, and health care providers and consumers located in
18 the State shall have standing to maintain a civil action in the Superior Court of
19 the county in which such alleged violation has occurred, or in which such
20 person may be found, to enjoin, restrain, or prevent such violation. Upon
21 written request by the Board, it shall be the duty of the Vermont Attorney
22 General to furnish appropriate legal services and to prosecute an action for

1 injunctive relief to an appropriate conclusion, which shall not be reimbursed
2 under subdivision (a)(2) of this section.

3 (c)(1) After notice and an opportunity for hearing, the Board may impose
4 on a person who ~~knowingly~~ violates a provision of this subchapter, or a rule
5 adopted or order ~~adopted~~ issued pursuant to this subchapter ~~or 8 V.S.A. § 15,~~
6 one or more of the following:

7 (A) a civil administrative penalty of ~~no not~~ not more than ~~\$40,000.00~~
8 \$75,000.00, or in the case of a continuing violation, a civil administrative
9 penalty of ~~no not~~ not more than ~~\$100,000.00~~ \$200,000.00 or one-tenth of one
10 percent of the gross annual revenues of the health care facility, whichever is
11 greater, which shall not be reimbursed under subdivision (a)(2) of this section;
12 ~~and the Board may;~~

13 (B) an order that the entity to person cease and desist from further
14 violations; ~~and to take~~

15 (C) any such other actions necessary to remediate a violation.

16 (2) A person aggrieved by a decision of the Board under this ~~subsection~~
17 subchapter may appeal under section 9381 of this title.

18 (d) The Board shall adopt by rule criteria for assessing the circumstances in
19 which a violation of a provision of this subchapter, a rule adopted pursuant to
20 this subchapter, or the terms or conditions of a certificate of need require that a
21 penalty under this section shall be imposed, and criteria for assessing the
22 circumstances in which a penalty under this section may be imposed.

1 § 9446. HOME HEALTH AGENCIES; GEOGRAPHIC SERVICE AREAS

2 The terms of a certificate of need relating to the boundaries of the
3 geographic service area of a home health agency may be modified by the
4 Board, in consultation with the Commissioner of Disabilities, Aging, and
5 Independent Living, after notice and opportunity for hearing, or upon written
6 application to the Board by the affected home health agencies or consumers,
7 demonstrating a substantial need ~~therefor~~ for the modification. Service area
8 boundaries may be modified by the Board to take account of natural or
9 physical barriers that may make the provision of existing services
10 uneconomical or impractical, to prevent or minimize unnecessary duplication
11 of services or facilities, or otherwise to promote the public interest. The Board
12 shall issue an order granting such application only upon a finding that the
13 granting of such application is consistent with the purposes of 33 V.S.A.
14 chapter 63, subchapter 1A and ~~the Health Resource Allocation Plan established~~
15 ~~under section 9405 of this title and~~ after notice and an opportunity to
16 participate on the record by all interested persons, including affected local
17 governments, ~~pursuant to rules adopted by the Board.~~

18 * * * Effective Date * * *

19 Sec. 8. EFFECTIVE DATE

20 This act shall take effect on July 1, 2018, provided that for applications
21 already in process on that date, the rules and procedures in place at the time the
22 application was filed shall continue to apply until a final decision is made on
23 the application.